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US PATENT & TRADEMARK
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Attorney Docket No.: 033997.00095

I hereby certify that this paper is being deposited this date with the U.S. Postal Service as first class mail addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, V.A. 22313-1450.

Rachel Watt

Name of person signing the certification

October 28, 2005

Signature

Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3736
Examiner : Robert L. Nasser

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OFFICE OF PETITIONS

Applicant	:	Ulrich SANDER
Serial No.	:	10/761,064
Filing Date	:	January 20, 2004
Title	:	SURGICAL MICROSCOPE

**NOTIFICATION OF LACK OF ENTITLEMENT TO
SMALL ENTITY STATUS & DEFICIENCY PAYMENT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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OIPE/IAP**

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Attn: OIPE - FINANCE

Sir:

Pursuant to 37 C.F.R. § 1.27(g)(2) and § 1.28(c), the above-identified patent application is not entitled to Small Entity Status.

11/03/2005 DALLEN 00000011 10761064

01 FC:1461

457.00 OP

The above-identified patent application was filed on January 20, 2004 as a Large Entity. A check in the amount of \$914.00 was submitted with the initial filing to cover the Large Entity filing fee (fee code 1001) of \$770.00, plus the large entity fee for excess claims (fee code 1202) for \$144.00. A copy of the cancelled check is enclosed herewith. A copy of the PTO's Fee Determination Record, showing payment of Large Entity filing fees of \$914.00 is also enclosed herewith.

The official Filing Receipt mailed by the PTO on May 3, 2004 indicated that the application qualified as a Small Entity, and that a filing fee of \$457.00 was received. Also on May 3, 2004, the PTO credited \$457.00 to the Deposit Account of the undersigned. A copy of the official filing receipt and the May 2004 Deposit Account statement is enclosed herewith.

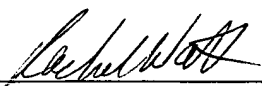
The patent application is not entitled to small entity status. Therefore, Applicant submits a check in the amount of \$457.00 representing the deficiency in applicable filing fees.

If any further fees are occasioned by this paper, the Commissioner is hereby authorized to deduct the fees from, or credit any overpayment to Deposit Account No. 08-2442 of the undersigned.

If there are any difficulties, it is requested that the undersigned be contacted at the telephone number listed below.

Respectfully submitted,
HODGSON RUSS LLP
Attorneys for Applicant(s)

HODGSON RUSS LLP
One M&T Plaza
Suite 2000
Buffalo, New York 14203-2391
Phone: (716) 848-1628

By: 
Rachel S. Watt
Patent Agent
Reg. No. 46,186

Date: October 28, 2005

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HODGSON RUSS LLP

ATTORNEYS AT LAW

ONE M & T PLAZA

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Manufacturers and Traders Trust Company
Commercial Banking
Northeast Business Center - Newburgh, NY 12550
50-757 NE
219

38943

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CHECK DATE

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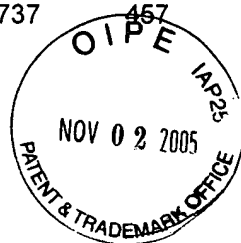
P.O. Box 1450

Alexandria, Virginia 22313-1450

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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/761,064	01/20/2004	3737	467	33997.0095	3	28	3

000026712 GLS
HODGSON RUSS LLP
ONE M & T PLAZA
SUITE 2000
BUFFALO, NY 14203-2391



CONFIRMATION NO. 2009

FILING RECEIPT



OC000000012516046

Date Mailed: 05/03/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

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Applicant(s)

Ulrich Sander, Rebstein, SWITZERLAND;

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Domestic Priority data as claimed by applicant

Foreign Applications

GERMANY 103 02 401.8 01/21/2003

If Required, Foreign Filing License Granted: 05/03/2004

Projected Publication Date: 08/12/2004

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Surgical microscope

Preliminary Class

351

**LICENSE FOR FOREIGN FILING UNDER
Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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The applicant has been granted a license under 35 U.S.C. 184, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" followed by a date appears on this form. Such licenses are issued in all applications where the conditions for issuance of a license have been met, regardless of whether or not a license may be required as set forth in 37 CFR 5.15. The scope and limitations of this license are set forth in 37 CFR 5.15(a) unless an earlier license has been issued under 37 CFR 5.15(b). The license is subject to revocation upon written notification. The date indicated is the effective date of the license, unless an earlier license of similar scope has been granted under 37 CFR 5.13 or 5.14.

This license is to be retained by the licensee and may be used at any time on or after the effective date thereof unless it is revoked. This license is automatically transferred to any related applications(s) filed under 37 CFR 1.53(d). This license is not retroactive.

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No license under 35 U.S.C. 184 has been granted at this time, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" DOES NOT appear on this form. Applicant may still petition for a license under 37 CFR 5.12, if a license is desired before the expiration of 6 months from the filing date of the application. If 6 months has lapsed from the filing date of this application and the licensee has not received any indication of a secrecy order under 35 U.S.C. 181, the licensee may foreign file the application pursuant to 37 CFR 5.15(b).

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10761064

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	28	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	28 minus 20 =	* 8
INDEPENDENT CLAIMS	3 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X\$ 9=		OR	X\$18=	144
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	914

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

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Requested Statement Month: May 2004
 Deposit Account Number: 082442
 Name: HODGSON RUSS LLP
 Attention: MARY ANN EUSTACE
 Address: ONE M & T PLAZA
 City: BUFFALO
 State: NY
 Zip: 14203-2391
 Country: UNITED STATES OF AMERICA

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DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
05/03	13	10761064		9204	-\$457.00	\$20,296.00
05/03	118	10764315		9204	-\$394.00	\$20,690.00
05/05	56	2101523		6206	\$100.00	\$20,590.00
05/07	219	78414322	32410.0003	7001	\$335.00	\$20,255.00
05/07	1056	78414824	06831.0466	7001	\$335.00	\$19,920.00
05/10	85	60568475	21083.(NEW)	1005	\$160.00	\$19,760.00
05/12	21	PCT/US04/13499	03551.0NEW	1703	\$12.00	\$19,748.00
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05/13	1001	78417907	40930.0009	7001	\$335.00	\$19,078.00
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05/21	2	10450490	03104.0309	1609	\$620.00	\$16,135.00

05/21 4	1707959		6205	\$100.00	\$16,035.00
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05/27 299	60487429	38422.0004	8007	\$40.00	\$14,024.00
05/28 10	10411507	35683.0019	8007	\$20.00	\$14,004.00

START	SUM OF	SUM OF	END
BALANCE	CHARGES	REPLENISH	BALANCE
\$19,839.00	\$8,339.00	\$2,504.00	\$14,004.00

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